

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☒ 21

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NAME OF COMMITTEE (In Full)  
Becerra for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee	<b>Transaction ID:</b> D5128 <b>Date of Disbursement</b>
Mailing Address 430 S. Capitol Street, SE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 9 / 2 0 0 8</div> </div>
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Unlimited Transfer to National Committee	<div> <div>15000.00</div> </div>
Candidate Name Democratic Congressional Campaign Committee	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	
<b>B.</b> Full Name (Last, First, Middle Initial) Hastings for Congress	<b>Transaction ID:</b> D5068 <b>Date of Disbursement</b>
Mailing Address P.O. Box 9352	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 6 / 2 0 0 8</div> </div>
City Fort Lauderdale State FL Zip Code 33310	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contribution 2008 FL-H-23 General	<div> <div>1000.00</div> </div>
Candidate Name Alcee Hastings	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District: 23	
<b>C.</b> Full Name (Last, First, Middle Initial) Jill Derby for Congress	<b>Transaction ID:</b> D5070 <b>Date of Disbursement</b>
Mailing Address P.O. Box 1901	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 8 / 2 0 0 8</div> </div>
City Minden State NV Zip Code 89423	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contribution 2008 NV-H-02 General	<div> <div>2000.00</div> </div>
Candidate Name Jill Derby	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NV District: 02	

**SUBTOTAL** of Disbursements This Page (optional) .....

**18000.00**

**TOTAL** This Period (last page this line number only) .....